

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)	10/030202		
CLAIMS									
AS FILED	AFTER		AFTER		IND.	DEP.	IND.	DEP.	
	IND.	DEP.	1st AMENDMENT	IND.					DEP.
1									
2	/								
3	/								
4	/								
5	/								
6	/								
7	/								
8	/								
9	/								
10	8								
11	1								
12	2								
13	8								
14	8								
15	1								
16	8								
17	8								
18	1								
19	1								
20	1								
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49									
50									
TOTAL	3								
TOTAL	54								
TOTAL	57								

1080 (3-78) *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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